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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

VRHO1

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                              |                              |                  |     | SMALL ENTITY TYPE OR |                        |     | OTHER THAN<br>SMALL ENTITY |                        |  |
|---|---|---|--------------|------------------------------|------------------------------|------------------|-----|----------------------|------------------------|-----|----------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 27           |                              |                              |                  |     | RATE                 | FEE                    |     | RATE                       | FEE                    |  |
| FOR   |   |   | NUMBER FILED |                              | NUMBER EXTRA                 |                  |     | BASIC FEE            | 370.00                 | OR  | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 27 minus 20= |                              | * 7                          |                  |     | X\$ 9=               | 63                     | OR  | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =  |                              | * ()                         |                  |     | X42=                 |                        | OR  | X84=                       |                        |  |
| MU  | TIPLE DEPENI  | DENT CLAIM PI                             | RESENT       |                              |                              |                  |     | +140=                |                        | OR  | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in co  |   |   |              |                              |                              | olumn 2          | - 4 | TOTAL                | L23                    | OR  | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II   |   |   |              |                              |                              |                  |     |                      | 7/                     | 0., | OTHER                      | THAN                   |  |
|   |   | (Column 1)                                | (Column 2    |                              |                              | (Column 3)       |     | SMALLE               | ENTITY                 | OR  | SMALL                      |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                           |                              | =                |     | X\$ 9=               |                        | OR  | X\$18=                     |                        |  |
|   | Independent   | *   | Minus        | ***                          | T O1 A144                    | =                |     | X42=                 |                        | OR  | X84=                       | ·                      |  |
| Ш   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF  | ENDEN                        | CLAIM                        |                  | ]   | +140=.               |                        | OR  | +280=                      |                        |  |
|   |   |   |              |                              |                              |                  |     | TOTAL<br>ADDIT, FEE  |                        | OR  | TOTAL                      |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |              |                              |                              |                  |     |                      |                        |     | ADDIT. FEE                 |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                           |                              | =                |     | X\$ 9=               |                        | OR  | X\$18=                     |                        |  |
|   | Independent   | *<br>NTATION OF M                         | Minus        | ***                          | T CL AIM                     | =                |     | X42=                 |                        | OR  | X84=                       |                        |  |
| <u> </u>  | FIRST PRESE   | NIAHON OF W                               | OLITEE DE    | ENDEN                        | T CLANIVI                    |                  | ا   | +140=                |                        | OR  | +280=                      |                        |  |
|   |   |   |              |                              |                              |                  |     |                      |                        | OR  | TOTAL<br>ADDIT. FEE        |                        |  |
|   |   | (Column 1)                                |              |                              | mn 2)_                       | (Column 3)       |     | ADDIT. FEE           |                        | _   |                            |                        |  |
| AMENDMENT C   | and the formation of the state | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                           |                              | =                | 11  | X\$ 9=               |                        | OR  | X\$18=                     |                        |  |
|   | Independent   | *   | Minus        | ***                          | T CL AIN                     | =                | 41  | X42=                 |                        | OR  | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                              |                              |                  |     | +140=                |                        | OR  | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |   |   |              |                              |                              |                  |     |                      |                        | OR  | TOTAL                      |                        |  |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |              |                              |                              |                  |     |                      |                        |     |                            |                        |  |